

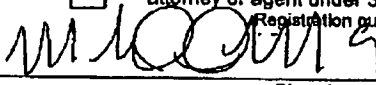
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PTO/SB/22 (09-06)

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|---|----------------------------------|---|----------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |                                  | <b>Docket Number (Optional)</b><br>HO-P02233US1 |                            |
| Reexam Application Number 90/005,708-Conf. #3545  |                                  | Filed: April 24, 2000                           |                            |
| Reissue Application Number 09/484,280-Conf. #9484   |                                  | Filed: January 18, 2000                         |                            |
| For <b>MERGE, RE-EXAMINE AND REISSUE APPLICATION FOR METHOD AND APPARATUS FOR INJECTIONS COILED TUBING IN WELLS</b>   |                                  |   |                            |
| Art Unit 3676   |                                  | Examiner G. A. Suchfield                        |                            |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                  |   |                            |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))    | Fee \$120                                       | Small Entity \$60 \$ _____ |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$450   | \$225 \$ _____             |
| <input checked="" type="checkbox"/>   | Three months (37 CFR 1.17(a)(3)) | \$1020  | \$510 \$ 1020.00           |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1690  | \$795 \$ _____             |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2180  | \$1080 \$ _____            |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |   |                            |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |   |                            |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |   |                            |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                  |   |                            |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>06-2375</u> . I have enclosed a duplicate copy of this sheet.                     |                                  |   |                            |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |   |                            |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).   |                                  |   |                            |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>46,913</u>  |                                  |   |                            |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR _____   |                                  |   |                            |
|    |                                  | <u>5/14/07</u>                                  |                            |
| Signature   |                                  | Date  |                            |
| <u>Michael S. McCoy</u>   |                                  | <u>(713) 651-8216</u>                           |                            |
| Typed or printed name   |                                  | Telephone Number                                |                            |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                                  |   |                            |
| <input checked="" type="checkbox"/> Total of <u>5</u> forms are submitted.  |                                  |   |                            |

CERTIFICATE OF ELECTRONIC TRANSMISSION  
37 C.F.R. § 1.8

I hereby certify that this correspondence is being electronically filed with the United States Patent and Trademark Office via EFS-Web on the date below:

5/14/2007  
DateSharon K. Ditch  
Sharon K. Ditch

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